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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

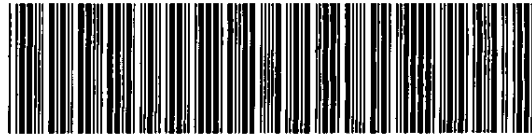
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10 JUN -7 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXAMINER
JUN 09 2010
S. HAWKES

S. HAWKES
APR 28 2010
EXAMINER

W10-20881
S. HAWKES
APR 27 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2010

KELLY SPARKMAN
20638 LITTLE BEAR CREEK ROAD
WOODINVILLE, WA 98072

SUBJECT: SPARKMAN CELLARS LLC
Ref. Number: W10000020881

We have received your document for SPARKMAN CELLARS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00010703

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPARKMAN CELLARS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

KELLY SPARKMAN
Name of Person

SPARKMAN CELLARS LLC
Firm/Company

20638 LITTLE BEAR CREEK ROAD
Address

WOODINVILLE, WA 98072
City/State and Zip Code

WINE@SPARKMANCELLARS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY SPARKMAN at 425, 398-1045
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. SPARKMAN CELLARS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")

2. KING COUNTY WA 3. 20-2838937
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7.23.04 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. NONE
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 20638 LITTLE BEAR CREEK ROAD
WOODINVILLE, WA 98072
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

ROBERT C. SPARKMAN & KELLY N. SPARKMAN
20638 LITTLE BEAR CREEK ROAD
WOODINVILLE, WA 98072

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: WINE SALES
THROUGH DIRECT SHIPPING & WHOLESALE

[Signature]
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

CHRIS SPARKMAN

Typed or printed name of signee

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10 JUN -7 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SPARKMAN CELLARS LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

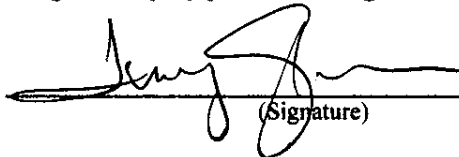
JERRY SPARKMAN
(Name)

2525 E. Milmar Drive
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

SARASOTA FL 34237
City/State/Zip

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10 JUN -7 AM 8:53
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

SPARKMAN CELLARS LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 5/15/2005.

I FURTHER CERTIFY that as of the date of this certificate, SPARKMAN CELLARS LLC remains active and has complied with the filing requirements of this office.

Date: March 30, 2010

UBI: 602-503-446



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

FILED
MAR 31 7 AM 8:53
CLERK OF STATE
OLYMPIA, WASHINGTON